Effective on 12/08/2004. *Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).*	*Complete if Known*	
FEE TRANSMITTAL **For FY 2009**	Application Number	10/587,886
	Filing Date	01/27/2005
	First Named Inventor	Donald A. Stevens
☑ Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	Andrew J. Triggs
	Art Unit	3635
TOTAL AMOUNT OF PAYMENT ($) 65.00	Attorney Docket	4417 - 062209

METHOD OF PAYMENT (check all that apply)

☐ Check ☑ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☑ Deposit Account   Deposit Account Number: ____23-0650____   Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, **except for the filing fee**

☑ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   ☑ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fees Paid ($)
Utility	330	82	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description					Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)					52	26
Each independent claim over 3 (including Reissues)					220	110
Multiple dependent claims					390	195

Total Claims	- 20 or HP	Extra Claims	Fee ($)	Fee Paid ($)	Multiple Dependent Claims	
					Fee ($)	Fee Paid ($)
_____ - _____ = _____ x _____ = _____					_____	_____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	- 3 or HP	Extra Claims	Fee ($)	Fee Paid ($)
_____ - _____ = _____ x _____ = _____				

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $270 ($135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____		= _____

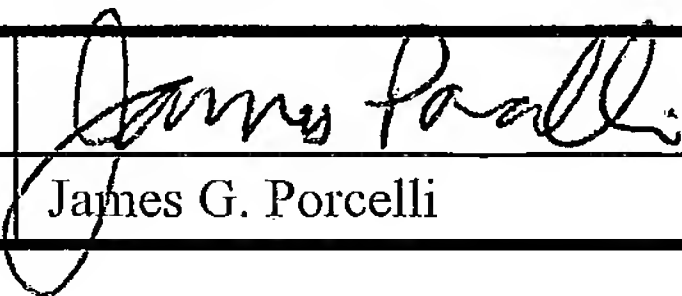### 4. OTHER FEE(S)

	Fees Paid ($)
Non-English Specification, $130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): One Month Petition For Extension Of Time	65.00

SUBMITTED BY

Signature	*(signature)*	Registration No. (Attorney/Agent) 33,757	Telephone	412-471-8815
Name (Print/Type)	James G. Porcelli		Date	December 2, 2010